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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P96000027889**

CARTER AND DAVIS, INC.

Principal Place of Business Mailing Address 2684 WINDSONG CIRCLE 2684 WINDSONG CIRCLE PALM HARBOR FL 34684 PALM HARBOR FL 34684-1951 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1996 2. Principal Place of Business 28. Mailing Address FEI Number Applied For 26 Not Applicable 21 Suite, Aprt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 28 Added to Fees 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes X No 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DAVIS (TERRY) **2684 WINDSONG CIRCLE** 82 Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34684 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. 4,28.0 Vaul SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13 D DELETE Change Addition 1.1 TITLE TITLE DAVIS (RERRIPL 1.2 NAME NAME 2684 WINDSONG CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 1.4 CITY - \$T - ZIP CITY-S1-ZIP DELETE Change Addition 2.1 TITLE THILE CARTER, LINDA A 2.2 NAME NAME **2684 WINDSONG CIRCLE** 2.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 34684 CITY-ST-ZIP 2. 4 CITY-\$T-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CHY-S1-7IP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 011Y-S1-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-SI-2IP 54 CITY-ST-ZIP DELETE Change ☐ Addition 61 TITLE THE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

TEXISNOVOLUBBOURED

FILED

May 02 1997 8:00am

Secretary of State